

Instructions for Indiana HMOs completing the  
'Report of Statutory Deposits'  
(State Form 45443)

If making a cash deposit, this form is not required. To make a cash deposit provide a check issued in the name of the **Company and Indiana Department of Insurance**, a cover letter requesting that a savings account be opened, and include the Company's tax identification number. If you prefer to open a joint-custody account with other securities for deposit, please follow these instructions:

1. Type name of Company.
2. NAIC #.
3. Current date.
4. Type name of custodian bank (location of joint custodial account with the Indiana Department of Insurance)
5. Joint-custodial account number.
6. Show full description of each security in the appropriate column, then the par value of the security in either the withdrawal or deposit column. The description should include:
  - a) Security name
  - b) Interest rate
  - c) Maturity date
  - d) Cusip #
  - e) Safekeeping receipt # (if available)
7. Previous Balance (Last reported ENDING BALANCE) then (+)new deposit and/or (-) withdrawal, leaving your current balance on deposit as the current ENDING BALANCE.
8. Duplicate forms, must be signed by an authorized representative or they will be returned for signature.  
**Original signatures only – facsimiles are not acceptable.**
9. Once the transaction is completed, a copy will be returned to the company signed by the Indiana Department of Insurance.
10. Anticipate maturities/calls and redemption's, by reporting at least one-week prior to maturity.
11. Please provide a contact person, telephone number and email address in a cover letter when submitting the duplicate hard copy forms to:

Financial Services Operations  
Indiana Department of Insurance  
311 W. Washington St., Suite 300  
Indianapolis, IN 46204-2787

Any questions should be directed to (317) 232-2383.